

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734412

FILED  
Apr 25, 2005  
Secretary of State

**Entity Name:** CENTRAL FLORIDA CHEVRA KADESHA, INC.

**Current Principal Place of Business:**

1144 WOODLAND TERRACE TRAIL.  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

1144 WOODLAND TERRACE TRAIL  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SELTZER, ROBERT  
1144 WOODLAND TERR. TRL.  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GREENBERG, DAVID  
Address: 2144 VENETIAN WAY  
City-St-Zip: WINTER PARK, FL 32789

Title: VPD ( ) Delete  
Name: GUY, ALLAN  
Address: 239 FLAME AVENUE  
City-St-Zip: MAITLAND, FL 32751

Title: SD ( ) Delete  
Name: GLUCK, MELANIE  
Address: 921 LARSON DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TD ( ) Delete  
Name: ROBERT SELTZER,  
Address: 1144 WOODLAND TERRACE TRAIL  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT K SELTZER

TD

04/25/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date